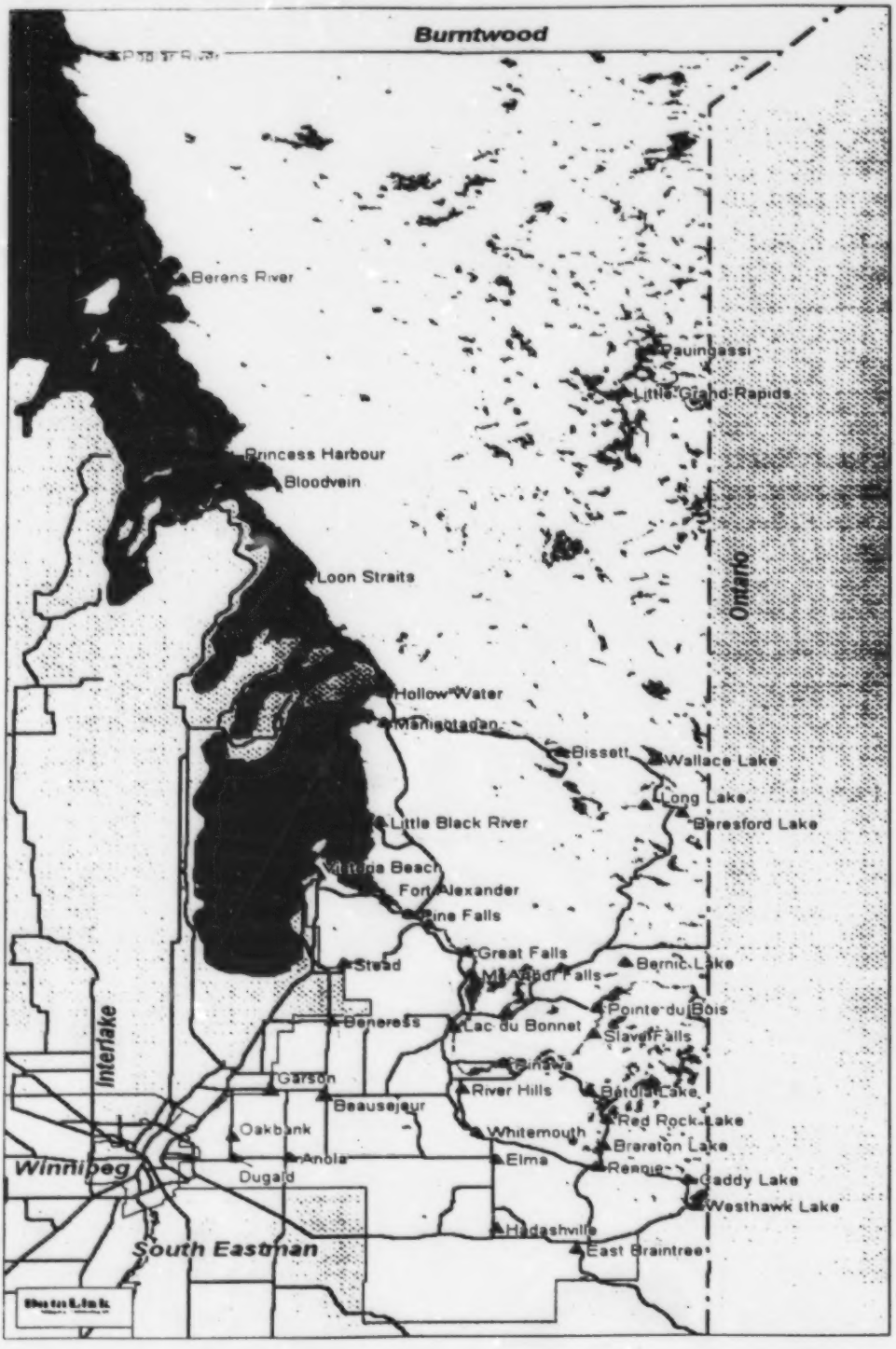
NORTH EASTMAN HEALTH ASSOCIATION INC.

Association de santé du Nord-Est inc.

ANNUAL REPORT 2000/2001

(April 1, 2000 - March 31, 2001)

September 30, 2001



North Eastman Region

North Eastman Health Association Inc.

Regional Overview

The North Eastman Region covers an area of approximately 35,000 square kilometers. It is bound to the east by the Ontario border, to the south by the Trans-Canada highway, to the west by Lake Winnipeg and to the 53rd parallel to the north. Whereas the southwest area of the region is primarily agricultural, the eastern area boasts an expanse of provincial parks and vacation resorts. The northerly areas are remote and accessible by air and a winter road system.

The North Eastman Health Association, a progressive health care organization, is the regional health authority responsible for the planning and delivery of all health services in the region. A full spectrum of health services is provided by the North Eastman Health Association Inc. including:

- **Acute Care Hospitals**
  - Beausejour District Hospital (30 beds)
  - Pinawa Hospital (17 beds)
  - Pine Falls Hospital (27 beds)
- **Personal Care Homes**
  - East-Gate Lodge (80 beds, Beausejour)
  - Sunnywood (20 beds, Pine Falls)
  - Lac du Bonnet PCH (30 beds)
  - Whitemouth District Health Centre (20 beds, with 6 interim placement beds)
  - Kin Place PCH (40 beds, Oakbank)
- **Regional Community Programs**
  - Public Health, including development of Primary Care Centres
  - Primary Health Care Centres
  - Mental Health
  - Home Care
- **Emergency Medical Services**

Values, Vision and Mission

Our Values:

The following principles and values will provide the guidance and framework in which the North Eastman Health Association will operate. The North Eastman Health Association believes in...

- Treating all people with compassion, respect and understanding.
- Recognizing and respecting people's ethnic and cultural heritage.
- Recognizing the family as an integral system within our communities.
- Respecting alternative and traditional healing practices.
- Taking a proactive approach to health and lifestyle education.
- Developing trust through open and honest communications.
- Acknowledging the value of life through recognition of individual preferences.
- Developing an integrated health system where people have reasonable and timely access to sustainable, appropriate, quality health services.
- Emphasizing the importance of individual responsibility for health, recognizing the right and responsibility of people to make informed choices in decisions affecting their health.
- Consulting with stakeholders in the development of appropriate, effective and evidence based health service planning.
- Respecting the confidentiality of client information.
- Pursuing the continuous improvement of the full continuum of health services.
- Being accountable to the people of the region.
- Recognizing the value and contribution of our employees and health professionals as our main providers of health services.
- Recognizing the value and contribution of volunteers.

Our Vision:

"Working together to empower individuals, families and communities to pursue optimum health through healthy lifestyles."

Our Mission:

"The North Eastman Health Association strives to promote effective, equitable, accessible, integrated, responsive and cost efficient health programs and services to meet the needs of our population."

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1. INTRODUCTION

1.1 Board Chair Report – Bill Boonstra

I am pleased to provide the North Eastman Health Association's 2000/2001 Annual Report. In presenting this year's report, I would like to recognize the fine work of our previous Board Chair, Mr. Don Mazur, who diligently served our region as Board Chair for the past four years. Mr. Mazur completed his term of office this past year and we are grateful for his leadership during this period of time. Mr. Bradley Robertson and Mr. William McGee also completed their terms of office and I would like to thank them for their service to the Region.

Our previous CEO, Mr. Todd Stepanuik left in October 2000 to pursue other opportunities in Ontario and Mr. Jim Hayes assumed the CEO responsibilities in November. We appreciated the work Todd accomplished in the development of the Region and we are looking forward to Jim Hayes' leadership as we continue to move forward in strengthening and enhancing our health services and programs for the residents of the region.

From a financial standpoint, the 2000/2001 fiscal year ended with the Region being in essentially a balanced budget position. We are grateful to the provincial government in this regard. I am also pleased to report that our region received the full three-year Accreditation status in our first accreditation survey as a Regional health system. This year also saw an increase in the activity of the District Health Advisory Council. Communication with our communities continues to be a priority and we are accomplishing this through a variety of means including newsletters and meetings with the municipalities.

This year we celebrated the International Year of the Volunteer with several recognition events for all of our dedicated volunteers. The events were held throughout the region, and gave our Board, Management and Staff the opportunity to express our appreciation. We are also thankful for the work of our Health Auxiliaries and Foundations. Their financial contribution and collaboration with the region significantly enhances our ability to purchase the necessary capital equipment for our various Programs and Services.

I wish to extend my thanks to the Board of Directors for their support and participation this past year and I also would like to thank our CEO, Management and all staff for a job well done.

In conclusion, I am looking forward to the opportunity of working together with all of our communities across the North Eastman Region. As we partner together, our ability to achieve our goals will be strengthened.

1.2 Chief Executive Officer Report – Jim Hayes

I am pleased to provide this annual report to the Board of Directors which highlights and outlines the work of our Regional Health Authority. A number of enhancements and achievements were accomplished during this past year and they are described in the report. In submitting the report, I would like to acknowledge the contribution of my predecessor, Mr. Todd Stepanuik. Todd worked diligently and moved the region forward during his time as CEO. I would also like to express appreciation to Linda Kulkarni and Raymond Pang for their assistance during the past year. Linda also served as interim CEO until I arrived in the region last November.

In coming to the region, I could see that a good deal has been achieved during the past four years to establish the provision of health services and programs on a regional and site basis. I would like to commend the Board, staff, volunteers and the various community stakeholders for the work that has been accomplished to date in the provision of the various services throughout the Region.

This past year, the Region experienced its initial Accreditation Survey as a health system and achieved the full three-year Accreditation status. This is a significant accomplishment and I would like to commend Bonnie Frith, Manager of Quality, and all our staff who worked so diligently to prepare for the survey. The report we received from the Canadian Council on Health Services Accreditation was both informative, complementary and useful, as we pursue our path towards excellence in our health care and service delivery.

For the year ending March 31st, 2001, I am pleased to report that the Region achieved essentially a balanced budget with a revenue deficiency of only $46,080. The overall funding for the Region continues to be a challenge that we are working on in close collaboration with Manitoba Health. Our current Programs and Services are provided on a very cost efficient per capita basis and we are also planning for the enhancement of services in the region, particularly in relation to primary health.

This past year saw the opening of our Kin Place Health Complex. The Complex includes a beautiful 40-bed personal care home, as well as a very functional Primary Health Care Centre. This coming year will see the opening of the new Beausejour Health Centre, which includes a 30-bed acute care facility, and a Primary Health Care Centre. Renovations were also completed to the Community Health offices in Seymourville and Bissett during the past year.

Another new initiative that we are looking forward to is the provision of Telehealth Services. Pine Falls has been identified as the initial pilot site within our Region for this program. Through the use of this technology, diagnostic, treatment and therapeutic

expertise will be accessed from Winnipeg and made available directly to locations within the Region.

Recruitment, retention and quality of work life for our staff continues to be a priority for the Region. Brian Magnusson, Human Resources Manager, is exercising leadership in this area. I am pleased to report that during the past year, we have secured the services of Dr. Eilish Cleary as Medical Officer of Health and Dr. Brian Onoferson as our Regional Chief of Staff.

Communication with the residents of the region, as well as with our staff is another activity we are focusing upon. We have increased our commitment to resource our communication vehicles such as our Newsletters, as well as our community consultations.

The North Eastman region is a particularly beautiful part of our province. The number of residents in our region literally doubles during the summer months and increasingly people are relocating to our region on a year-round basis. This trend represents a challenge and an opportunity, as we plan to provide health care services in the future. Opportunities for improvement of the health of the residents of the region will come from fostering strong partnerships with our communities. We hope, through consultation, to identify community wellness program initiatives that we can pursue on a partnership basis.

In closing, I would like to express sincere appreciation to the Board for their support during the past year and to our staff, medical staff, and volunteers for their cooperation and dedication.

Senior Management

Jim Hayes
Chief Executive Officer

Linda Kulkarni
VP Programs & Services

Raymond Pang
VP Support Services & CFO

Dr. Eilish Cleary
Medical Officer ofHealth

Dr. Brian Onoferson
Regional Chief of Staff

Brian Magnusson
Human Resource Manager

Bonnie Frith
Manager of Quality

Front row, left to right: Bill Boonstra, Don Mazur, Edna Kozyra, Lorraine Neal. Back row, left to right: Bradley Robertson, Bill McGee, Len Kolton, Egon Hartwich, Ralph Kennedy, Pat Aitken, Karen Kost. (Missing from Photo, Rod Demoline)

1.3 Board Member Profiles – April 1, 2000 to March 31, 2001

Don Mazur, Chair *(Beausejour)*

Teacher, President of North East Waste Management Authority, former Mayor for the Town of Beausejour (12 years), Director of Beausejour Brokenhead Recreation Commission, Director Beausejour Brokenhead Planning District, Director of Beausejour Brokenhead Development Corporation, past Director of East-Gate Lodge Board (6 years) and past Director of Beausejour and District Health Board (12 years).

William Boonstra, Vice Chair *(Whitemouth)*

Poultry Farmer, former Municipal Councillor for the R.M. of Whitemouth, former Chairman of the Whitemouth/Reynolds Waste Management Facilities, Director of the Manitoba Farm Animal Council, former Chair of the Business Development Board, Executive Director of the Manitoba Egg Marketing Board, former Community Recreation Centre Board Member and Chairman.

Edna Kozyra, Treasurer (Beausejour)

Retired Municipal Administrator for the R.M. of Whitemouth and the R.M. of Brokenhead, former Councillor and Deputy Mayor of the Town of Beausejour, Treasurer and Director for the Association of Community Living, Beausejour Branch, former Treasurer of the East-Man

Regional Development Corporation, former Director of the Board of the Beausejour Lions Lodge (seniors' residence), former Chairperson, Health & Social Welfare for the Town of Beausejour, former Vice-Chairperson of East-Gate Lodge Personal Care Home.

Lorraine Neal, Secretary *(Belair)*

Freelance writer, former Transit Bus Operator and Instructor for Winnipeg Transit, Chair of Regional Library Allard Board, Chair of Beaches Christmas Cheer Hamper Board, Leader for TOPS Grand Marais Chapter #5015.

Patricia Aitken *(Oakbank)*

High School Guidance Counselor, former Counselor for Persons with Disabilities, former Principal of Early and Middle years schools, former teacher of post secondary levels. Active community member and member of Parent Councils and Church Committees.

Rod Demoline *(Lac du Bonnet)*

Councillor for the Town of Lac du Bonnet, former District Services Manager, Manitoba Telephone System, Director of Manitoba Model Forest, Board member and former Vice Chair of Lac du Bonnet Community Centre, Treasurer of Grace Lutheran Church, Vice Chair of the Board of Park Manor Life Lease, Member and former President of Lac du Bonnet Lions Club, former President of the Lac du Bonnet and Portage la Prairie Curling Clubs, Board member of Winnipeg River Recreation District Member of the Telephone Pioneers of America and former Board member of the Winnipeg River Health District.

Egon Hartwich *(Whitemouth)*

Body Shop Manager, Director of Finance for Water Co-Op, Board Member/Chairperson of local Church, former Treasurer of the Whitemouth & District Chamber of Commerce, former Treasurer of the Whitemouth Recreation Association Inc., former Chairman of the Executive Finance Committee for the Whitemouth District Health Centre, former School Trustee of the Agassiz School Division #13.

Ralph Kennedy *(Oakbank)*

Former Chair of the Recreation Committee of the Winnipeg Board of Parks and Recreation, former President of Child and Family Services of Eastern Manitoba, former Councillor R.M. of Springfield, former President of Thoroughbred Horsemen's Association of Manitoba, and Vice-President Thoroughbred Horsemen's Association of Canada, former Vice-Chairman of Manitoba Council on Aging.

Leonard Kolton *(Beausejour)*

Retiring Farmer, former Telecommunications worker, Health Safety Officer and Shop Steward, IBEW, Committee member Agricore (Manitoba Pool Elevators), Past President Brokenhead Community Centre, Toastmaster, former Chairperson to various community functions in Brokenhead/Beausejour area.

Karen Kost *(Lac du Bonnet)*

Project Coordinator for Mrs. Lucci Second Hand Store Resource Centre (employment opportunity initiative for youth), former Special Needs Teacher, former Administrative Assistant and member of the Lac du Bonnet Chamber of Commerce, former Chairperson of the Lac du Bonnet Tourism Action Committee, and founding member of the Lac du Bonnet New Friends Mentorship Program.

William McGee *(Beausejour)*

Self-employed Construction Contractor, experience in major construction projects (20 years), volunteer attendant (emergency first responder) for the Beausejour and District Ambulance Service, former health facility maintenance staff member, former RCMP Civilian employee, trained Nursing Assistant and Housekeeping and Laundry Assistant.

Bradley Robertson *(Pine Falls)*

Former Municipal Administrator and Certified Nursing Assistant. Past Treasurer of the Pine Falls Legion, Director of the Winnipeg River Seniors Services, Commissioner for the Workers Compensation Board, Chairman of the Final Level of Appeal (WCB).

1.4 Board Goals and Actions Taken

The Board monitors activities and accomplishment of the organization in relation to the strategic priorities and actions identified in the Strategic Plan.

1. **Create healthy living focus with an increased commitment to health promotion and disease prevention activities.**

   a) To establish regional resource centres.
      - Resources developed in sites and programs, supported by Nursing Recruitment and Retention Fund.
      - Coordinating access to internet across region is being implemented with acquisition of computer hardware.

   b) To provide coordination of delivery of regional health promotion activities to promote healthy lifestyle choices.
      - Collaboration with community groups in region (Wings of Power, Mrs. Lucci's).
      - Intersectoral teams developed.
      - Health Fairs held (community and in schools).
      - Implemented Primary Health Care in Oakbank.

   c) To implement a Heart Health project in the Beausejour/Brokenhead District.
      - Developed Wellness Facilitator positions in each district building on success of heart health projects; accomplished through changes in functions of existing staff.

d) To implement immunization coordination of vaccine preventable diseases.
- Regional Immunization Coordinator position resulted in increased immunization rates in schools and influenza program.
- Implemented pneumococcal immunization program in Long Term Care facilities.

e) To establish child health clinics for the three to four year old age group.
- Implemented 1st PLACE Preschool Speech Language Services across the region in partnership with the Agassiz School Division.
- Preschool clinics implemented in schools.
- Formed Regional Early Child Development Committee (an intersectoral planning group).

f) To increase time spent in school to encourage and support healthy lifestyle choices.
- No expansion to school health program pending funding.

g) To provide nutrition services in the community.
- Implemented community clinical dietitian services across the region with staff providing support to both facilities and the community.

h) Baby Friendly Interest Group established across health services sectors.

i) Dialogue/consultation and planning with communities re: supportive housing.

II. Enhance and expand the range of services available to Seniors.

a) To increase development of a Regional community support program for seniors.
- Regional Services to Seniors Coordinator developed resulting in provision of support to local Services to Seniors Councils Programs resulting in increased collaboration among Councils across the region. Position also provides leadership to Adult Day Programs across the region.

b) To develop a community Resource council in the RM of Brokenhead.
- Development of a Services to Seniors Council in Brokenhead District is outstanding pending funding.

c) To develop a congregate meal program in Tyndall.
- Meal programs enhanced in Powerview and in Winnipeg River District; Workshop held for Services to Seniors Boards and Coordinators.

d) To increase staff education by increasing educator position to 1.0 EFT.
- Staff educator posting (1.0 EFT) expanded to a regional position for LTC and Home Care with implementation of many programs developed (i.e. dementia's care).
- High School volunteer program to enhance sensitivity to seniors population.

e) To implement an injury prevention program related to lifts and transfers.
- Back care program implemented in Long Term Care and Home Care; number of mechanical lifts increased in all facilities.

f) To increase regional Social Work support to Long Term Care to 1.0 EFT.
- Personal Care Home in Oakbank opened; social work position facilitated relocation support to residents and families. With LTC Standards, further developments have been recommended by MB Health.

g) To develop a coordinated pool of volunteers.
- Volunteer program framework developed.

h) To increase Adult Day Program opportunities.
- Adult Day Programs developed in Victoria Beach (1 day/wk), Whitemouth (2 days/wk) and Oakbank (3 days/wk); Handivan service developed for RM of Springfield.

III. Enhance and expand mental health services throughout the region.

a) To improve the coordination of psychogeriatric services.
- Efforts continue to recruit geriatric psychiatrist; significant needs have been identified in LTC and Home Care.

b) To provide long term support to persons with severe and persistent mental illness.
- Geriatric psychiatry team implemented 1999/2000 provides consultation in long term care facilities and in the home; currently 6 – 8 week wait list.

c) To provide assessment, consultation and treatment to adults.
- Suicide early intervention/prevention training provided to staff and intersectoral partners. Community Trauma Postvention program implemented with training to intersectoral representatives including clergy, police, educators, social services.

d) To promote mental health of children, adolescents and their families.
- Services of child-adolescent psychiatrist have been obtained through contract with the Manitoba Adolescent Treatment Centre.

e) To promote healthy communication and develop addiction intervention strategies.
- Addiction strategy has not been developed pending funding.

IV. Improve accessibility to health care programs and services.

a) To reorganize diagnostic Services (to meet workload demands).

b) To increase diagnostic (ultrasound) Services in the region.

c) To develop partial EMS staffing at those sites.
- Full-time EMS staffing implemented in Beausejour and the Lac du Bonnet, Pinawa, Whitemouth cluster; Interfacility transport program developed.

d) To develop a regional rehabilitation unit.
- Rehabilitation services to Pine Falls Health Complex increased from 4 hours/wk to 28 hours/wk with addition of Rehab. Assistant.

e) Accessible, timely Home Care Assessments.
   - Home Care re-assessments more timely with increase in Coordinator hours.

f) To develop a planning position to work with First Nations people.
   - Aboriginal Health Planner (0.2 EFT) position implemented to work with road-accessible First Nation and Northern Affairs communities; Northern Health Planning Team developed. Housing initiative developed in Seymourville.

V. To create and sustain a workplace environment that promotes performance excellence, employee participation and personal growth.

a) To develop an emphasis on staff's continuing education needs.
   - Continuing education for nurses enhanced with funding from Nursing Recruitment and Retention Fund with linkages to organization development; significant needs remain in this area.

b) To coordinate the development of a continuous improvement philosophy and strategic management of risk.
   - Quality Program initiated with achievement of successful Accreditation and introduction of team-based decision making; Risk Management Program developed.

c) To implement an Employee Assistance Program.
   - Continue to work in collaboration with all other RHAs and Manitoba Health on this important initiative.

d) To support students pursuing a post-secondary education in a health related discipline.
   - Development and implementation of a Regional High School Scholarship.

e) To recognize contribution and service of employees.
   - Development of a Regional Service Recognition Program.

f) To support the ongoing Community Health Assessment process.
   - Ongoing community health assessment with community consultations held in each district.

1.5 Health Authority Communications

Communication with the residents of the North Eastman Region continues to be a high priority. The means to accomplish this on an ongoing basis includes a number of strategies. Fundamental to communication is simply the need to meet with residents and representatives of our various communities. We have significantly increased the number of opportunities to meet with our various communities including the municipal councils, foundations, auxiliaries, and interested community groups.

Ongoing publication of our external newsletters highlighting the various issues and activities within our region, is another means of providing the residents with insight in relation to

health promotion, accident and illness prevention information, as well as an understanding regarding how to access the various programs and services. Publication and distribution of our Service Directory as well as the maintenance and enhancement of our Website continues to provide the residents of the Region with information on how to access health, education and the various services available in our region.

In addition, the Association has developed a regional display of health programs and services that is widely used by members of the District Health Advisory Council and by staff at the various health fairs throughout the region. We also continue to sincerely appreciate the opportunity of meeting representatives of the Association of Manitoba Municipalities at their provincial and regional meetings.

2. HEALTH STATUS

2.1 Health Status Highlights

When looking at the status of health in a region there are several indicators that can be used. Common indicators include mortality and morbidity data, chronic disease rates, hospitalization rates, life expectancy and socio-economic indices such as the Socio-Economic Risk Index (SERI). Increasingly qualitative assessments are made during community consultations or focus groups.

Researchers in the population health field have advocated that the best single measure is the premature mortality rate or PMR. This is defined usually as the number of deaths before age 75 and has been shown to be strongly associated with other indicators of poor health. It is important to realize that no matter how sensitive an indicator is, it cannot tell the whole story and therefore health planners usually use a combination of indicators for the purposes of trying to elucidate the health status of their population in order to strategically plan health services. It is important to closely examine the indicators with respect to the specific region to determine if the population is homogenous with regards to health or if there are significant inequities. This is particularly important in North Eastman. While we would appear to have "average" health status as indicated by the PMR, compared to the rest of Manitoba we can see that by looking closer that there are different rates within the region. The Northern part of the region has a higher than average rate. While this did not achieve statistical significance it does warrant a closer look, and if we also look at the SERI scores and the life expectancy at birth, we see again that the Northern part of the region has lower figures indicating inequities in the health status within the region.

Equitable access is a major goal for the region. We are aware that distance and transportation represent critical barriers for the populations of isolated communities, particularly in the North. Community-based services remain very poorly developed in many remote locations and the deficiency in services is often compounded by poor communication and social problems. We have identified this issue as a strategic priority and hope to address it with a comprehensive Primary Health Care plan specifically responsive to local needs.

The age structure of a population is important because it reveals the more vulnerable groups (the very young and the very old), as well as the proportion of the population in the middle years who are more often financially and otherwise responsible for the care of the other two groups. In North Eastman we have a young population with more First Nation residents (36% < age 25, 19% of whom have First Nation status; 12.85% total pop. are FN), and proportionately fewer persons aged 20-29 (Figure 1). We also are experiencing an influx of population particularly in the 55 plus age group. It is predicted that within the next 25 years the population in the age group 65 years to 74 years will increase by 127% as compared to the Manitoba average of 71%. It is widely recognized that Canada's aboriginal people have the poorest overall health status of any identifiable group.

This population profile has significant health implications for many of the determinants of health and needs careful planning to prevent a deterioration in health status and to promote a considerable improvement in areas in which we currently do less well compared to the rest of the province.

Causes of Mortality and Morbidity

The top three causes of death continue to be ischaemic heart disease, cerebrovascular disease and cancer. This should come as no surprise as this is the norm for most of the developed world. However in North Eastman death from ischaemic heart disease, heart failure, cerebrovascular disease, lung cancer (esp. female), prostate cancer, non-Hodgkins lymphoma and ovarian cancer are higher than the provincial average.

If we compare our causes of death with the rest of Manitoba (Figure 2), we see that we have the highest rate of death from motor vehicle accidents in the province. We also have very high rates of suicide, diabetes and cirrhosis of the liver as compared to the provincial average. What is significant about these causes of death is that in many of these diseases, taking an upstream approach, with health promotion, primary prevention and early secondary prevention, could make a substantial impact upon the burden of illness.

Figure 1: Age Structure of North Eastman, 1995/96

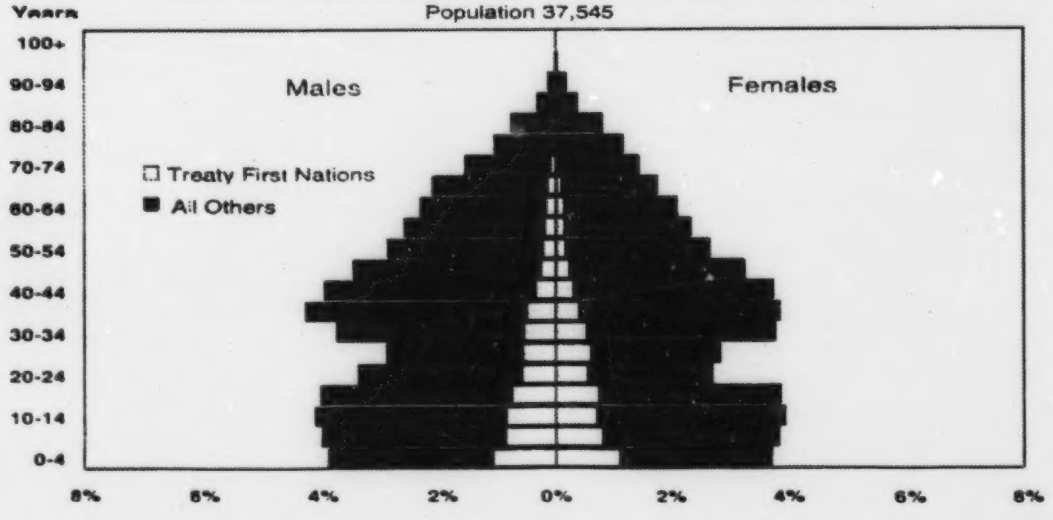


Figure 2: Average Annual Standardization Rate of Death due to Common Causes Direct Standardization: Manitoba as Standard 1990 Population: All Residents 1994-1998

Cause	North Eastman	Manitoba
Lung Cancer - All	54.3	51.02
Lung Cancer - Female	44.56	40.37
Lung Cancer - Male	69.53	70.6
Unspecified Neoplasms	6.25	9.06
MV Accidents	24.75*	10.85
Non-Hodgkins Lymphoma	10.55	9.93
Ovarian Cancer	13.08	9.84
Pancreatic Cancer	6.13+	9.38
Pneumonia & Influenza	20.42+	30.98
Prostate Cancer	46.56	35.52
Respiratory Diseases	11.51	9.55
Skin Cancer	1.07	2.09
Stomach Cancer	2.06+	6.21
Suicide	17.49	11.26
COPD	21.16+	27.58
Ischemic	165.02	159.88
Accident Falls	3.83+	9.56
Brain Cancer	3.86	4.03
Breast Cancer	31.26	33
Diabetes	24.78	19.56
Heart Failure	27.93	19.92
Kidney Diseases	10.55	12.58
Cancer of Oesophagus	2.17+	4.49
Cancer of Large Intestine	17.31	17.28
Cerebrovascular	68.23	60.55
Cervical Cancer	1.35	2.79
Cirrhosis	9.05	7.6
Cardiac	14.5	12.69
Leukaemias	7.2	6.42

*** Provincial Highest**
+ Provincial Lowest

Of note also is the fact that North Eastman has the lowest rate in the province of death from accidental falls, pneumonia and influenza, stomach, oesophageal and pancreatic cancer and chronic obstructive pulmonary disease.

If we look specifically at the health of our children, who make up 36% of the population (< 25 years) we can again find many areas of concern. The overall mortality rates for

children (ages 1- 19) has remained stable but the leading cause of death for children was injury especially violence by self and motor vehicle accidents (see Figure 3 and Figure 4).

Figure 3: Injury Mortality Rates for Children Aged 0-19 Years By RHA, 1994-97

Adjusted Rate per 100,000

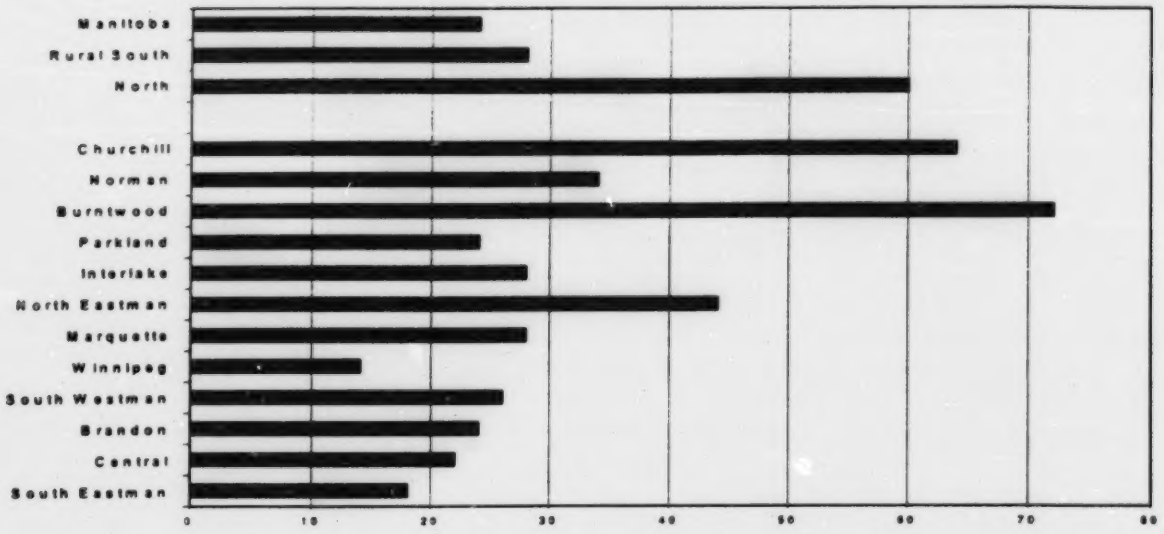


Figure 4: Adjusted Injury Hospitalization Rates by RHA and Cause of Injury per 10,000 Children Aged 0-19 Years, 1994/95 - 1998/99

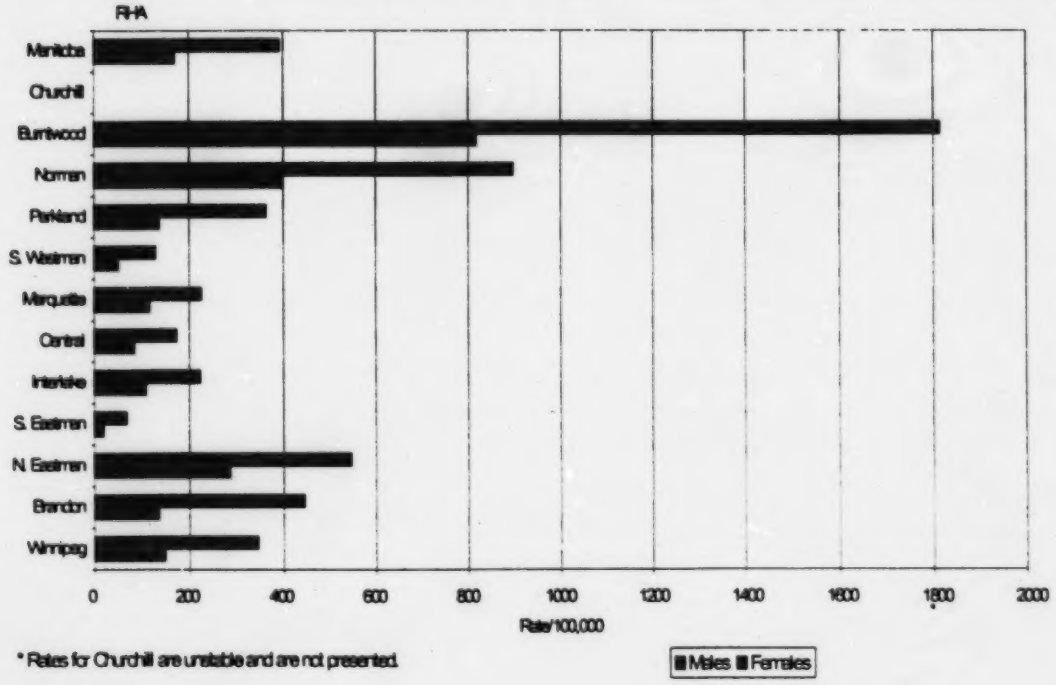
Cause	North Eastman	Manitoba
Motor Vehicle	11.82	9.09
Late Effects	1.64	1.42
Violence by Self	12.17s	8.24
Violence by Others	5.21	4.67
Other	15.70	13.89
Undetermined	1.32	.52
Other Vehicle	5.25	5.06
Poisoning	7.35	5.14
Falls	17.86	16.12
Fire/Flames	3.12	1.40
Natural/ Environments	3.97	2.40
Drowning	Supp.	.47
Suffocation / Choking	Supp	.59
Sports	2.42s	3.88

"Supp" - Where numerators are less than 5 cases, rates are suppressed.

There are other indicators also that children in North Eastman are particularly vulnerable. They have the highest rate of iron deficiency in the province, high numbers of physician visits, despite living in a region that has one of the lowest physician/population ratios, low breastfeeding initiation rates, low immunization rates, and a high number of women smoking in pregnancy. These are areas we will be looking to improve upon. We hope to be able to provide services and programs at a community level based on these particular needs.

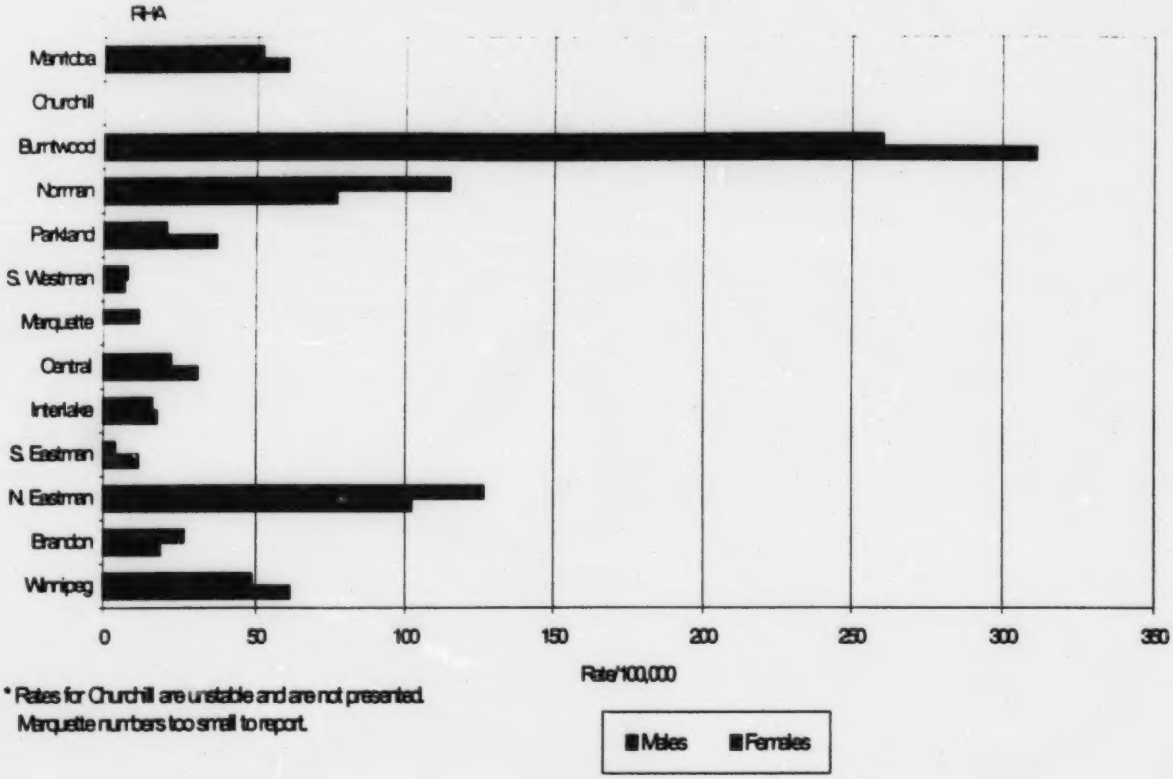
Another area of particular concern is the high incidence of sexually transmitted disease. Manitoba has the highest rate of gonorrhea in Canada (45.2 cases/100,000 compared with a national average of 14.9 cases/100,000 in 1997) and along with Saskatchewan the highest rates of chlamydia (225.9 cases/100,000 as compared with 112.7/100,000 in 1997). Within Manitoba, North Eastman has one of the highest incidences (Figure 5 and Figure 6) and by far the highest number of cases is in the Northern part of the region. Although we do not have a particularly high number of persons infected with HIV (15 testing positive between North and South Eastman 1985-2000, unknown number of resident cases), it is clear that with our demographics we need to plan to avert a substantial increase.

Figure 5: Incidence of Chlamydia in Manitoba by Gender and RHA, 2000



* Rates for Churchill are unstable and are not presented.

Figure 6: Incidence of Gonorrhea in Manitoba by Gender and RHA, 2000



* Rates for Churchill are unstable and are not presented.
Marquette numbers too small to report.

Life Style Indicators of Health

Smoking : Smoking Rate is the proportion of regular smokers, age 15 and over who report smoking at least one cigarette per day. In 1996, 25% of North Eastman residents reported smoking regularly. This rate is among the highest in the province in relation to other regions. Incidence among persons aged 15 to 25 is not available. In 1997-1998 almost one third of mothers reported smoking during pregnancy.

Obesity : Obesity Rate is the proportion of the population aged 15 and over with a body mass index equal to or greater than 30.0. In 1996, 14.2% of North Eastman residents were found to be obese, compared to 11.2% in the province as a whole. The incidence was higher among men than women and increased significantly among persons 45 to 64 years of age.

Physical Activity : Physical Activity Level is indicated by the proportion of the population with inactive leisure time. In 1996, 54.3% of North Eastman residents reported being inactive, below the provincial average of 58.8%. More women reported inactive leisure time than men. The incidence increased with age.

Heavy Drinking : Proportion of heavy drinkers includes persons aged 15 and over who reported consuming 14 or more alcoholic drinks per week. In North Eastman, 6.7% of residents were heavy drinkers. This rate is higher than the provincial average of 6.1% and among the highest in relation to other rural RHAs.

2.2 Activities Associated with Assessment of Health

Health status of residents of the region is monitored on an ongoing basis through receipt of a number of reports including data related to incidence of communicable diseases and health service utilization. Dialogue with community groups in development of responsive health programs is a continuous process. With the development of primary health care, there will be increased focus on development of services within each of the district through consultation with residents in the area.

2.3 Priorities Identified and Actions Taken

Health planning activities during the year focused on priority health and service delivery issues. Activities included:

- Expansion of health services in the RM of Springfield with the opening of Kin Place Health Complex, a Primary Health Care Centre with attached 40-bed Personal Care Home;
- Planning for future Primary Health Care Centres in Beausejour, Lac du Bonnet, Pine Falls and Whitemouth;
- Development of the Northern Health Planning Team, a forum for dialogue and health services planning with residents and other service providers in northern road accessible communities;
- Participation by the Regional Diabetes Team in a Telehealth research project with Berens River, one of five federally funded research projects across Canada. As part of a provincial initiative, a Telehealth program is being developed for the region to be located at the Pine Falls Health Complex;
- Planning for development of the Regional Diabetes program. The prevalence of diabetes is very high in the region, especially among persons of aboriginal heritage. The program will include development of a range of strategies including prevention, screening and treatment;
- Formation of the Regional Early Child Development Committee for development of parent-child supports through the region; and
- Consultation with experts in care for persons with Alzheimer's Disease and other dementias in the enhancement of resident focused programs for the elderly.

In addition, efforts to recruit health care professionals to the region continues to be a priority as NEHA fills vacancies created by new or expanded programs, retirement and turnover of staff.

3. 2000/2001 YEAR'S ACTIVITIES

The North Eastman Health Association Inc. is responsible for the provision of health services and programs to meet the needs of the people of the North Eastman Region. NEHA is committed to building partnerships and empowering individuals and communities to become active participants in the process.
Health programs and services are developed to respond to the changing needs of the residents through monitoring of health status and use of a consultative process with communities in the region. NEHA collaborates with other service sectors to address needs related to the broader determinants of health: income and social status, personal health practices and coping, biology and genetics, employment, gender, physical and social environments, social support, healthy child development, education, culture and working conditions. Access to appropriate health service by all residents of the region is essential to the delivery of an integrated health care system. NEHA liaises with services in Winnipeg and Selkirk to ensure access to services not available in the region.

Programs and services provided by NEHA include:

- Primary Health Care
- Public Health
- Mental Health
- Home Care
- Emergency Medical Services
- Acute Care
- Diagnostic Services
- Long Term Care

3.1 Primary Health Care

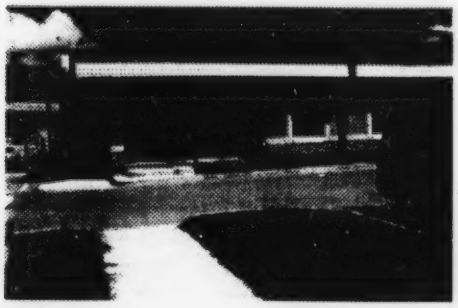
Primary health care is a spectrum of community-based health services that usually provide the first point of contact that people have with the health care system. Primary health care focuses on health promotion, illness prevention, the assessment, diagnosis and treatment of acute or chronic illness in an individual, as well as supportive health care and rehabilitation. Primary health extends beyond the health sector and encompasses the broad determinants of health. Primary Health Care Services include Public Health, Community Mental Health, Home Care and Primary Health Care Centre services.

Principles of Primary Health Care include community participation, intersectoral collaboration, continuity of care, accessibility and appropriateness of service, efficiency, affordable and sustainable with a focus on the health of the entire population.

3.1.1 Primary Health Care Centres

The North Eastman Health Association has begun a process to develop Primary Health Care Centres in each of the five districts in the region. Kin Place Primary Health Care Centre in Oakbank opened in September 2000 to serve the needs of the residents of the Springfield area. Future Primary Health Care Centes are planned for Beausejour, Lac du

Bonnet, Whitemouth and Pine Falls. The Centres will each bring together the community-based health services and integrate these with primary care clinics in each of the districts. While there will be many similarities among Primary Health Care Centres across the region, there will also be some variation depending on the location of the Centre and the priority health needs of the residents of the area.



Kin Place Primary Health Care Centre offers a full range of primary health care services provided by a team of health professionals that includes primary care physicians, primary care nurse practitioner, public health nurses, mental health workers, home care coordinators, clinical dietitian, wellness facilitator, baby first and services to seniors coordinators. The Centre has a laboratory that operates mornings five days per week. The Centre is also the venue for programs that serve the entire region such as the diabetes program. The Centre has a wellness focus and partners with other programs and community groups in development of health promotion programs.

The roles of Primary Care Nurse Practitioner (Oakbank) and Primary Health Care Nurse (Lac du Bonnet) are relatively new to the region. These nurses work along side physicians in the clinic with a focus on women's health, adolescent health and the monitoring of chronic health conditions. In addition nurses, along with other members of the health team foster health promotion activities in their communities.

3.1.2 Public Health

Public Health exists to enhance the health and social well being of North Eastman residents by enabling individuals, families and communities to promote health, prevent illness, postpone disability and cope positively with existing disabilities.

The goal of Community Health/Public Health Nursing is to promote and preserve the health of populations and is directed to communities, groups, families and individuals across their life span, in a continuous rather than episodic process.

Wellness Facilitators

Positions have been created throughout the five districts across the region—March 2001. With a focus on Primary Prevention, these positions provide the direct linkage and access to resources between the Primary Health care centres and/or the Primary Health care team and the community. The Wellness facilitators work as part of interdisciplinary teams to assist groups and communities to develop wellness initiatives to enhance health within the population health promotion framework. Activities to date:

- Working with all disciplines i.e. Mental Health, Home Care, Public Health, Primary Care Nurses, Services to Seniors, assisting with Wellness/Health Fairs, members of community inter-agency groups where they exist.
- Submitting educational articles for community newspapers.
- Attendance at professional development workshops—Alliance for the Prevention of Chronic Disease and the summer institute.
- Beginning to develop resource centres in the Primary Care Centres and other offices.

Manitoba Breast Screening Program

The mobile breast screening unit returned to North Eastman this year and expanded into two new sites – Hollow Water and Berens River. Participation by women aged 50 and over in both sites increased – Hollow Water 28% to 59% and 32% to 50% in Berens River. There was an overall increase of 3% from last year.

Healthy Child Manitoba

With the governments focus on Early Childhood Development, six government departments have "joined forces" to develop the Healthy Child Manitoba Framework. The Healthy Child initiative includes: parent-child centres, prenatal and early childhood nutrition, nurses' in schools, Fetal Alcohol Syndrome/Effect Prevention and Adolescent Pregnancy Prevention.

Public health has taken a lead role in establishing an inter-disciplinary committee to develop initiatives across the region to enhance early childhood development. An early childhood development facilitator was recruited to work with communities across the region to complete an environmental scan, identify gaps in services/resources for parents and children, and develop initiatives to meet the needs of the children/parents in the region.

North Eastman Healthy Babies

Healthy baby programs are intended to reach and support women whose needs may be overlooked or under-served by our mainstream health services. The services are holistic in approach with nutrition and prenatal support as starting points. The programs and outreach encourage early and regular prenatal care, bring nutrition to life through snacks and cooking activities, build women's confidence and awareness of health and parenting choices, and foster awareness of babies' nurturing needs. The program is a collaborative approach between the public health nurses', the clinical dietitians and prenatal educators.

Regional Diabetes Program (formerly known as the Diabetes Education Resource Team)

In collaboration with the Chronic Diseases Unit at Manitoba Health, North Eastman has developed a regional diabetes program planning team to work towards implementation of the Manitoba Diabetes Strategy. The strategy presents many recommendations including prevention, education, care, research and support. The regional committee has

representation from a variety of disciplines—those that would provide the support and services to begin to implement the recommendations.

1st P.L.A.C.E Program (Pre-school language and community enrichment)

Partnership created between North Eastman and Agassiz School Division to provide pre-school speech and language services across the region. This program resulted from the work of grassroots/frontline staff working together to identify gaps/lack of services in the region. It was identified that there were no speech and language services available for pre-school or those children who were not in the school system—home schooled or those who had left school early with the exception of children with special needs.

With funding support from Manitoba Health, two Speech-Language Pathologists were hired. The Official opening of the program took place in March 2000. Referrals are accepted from a variety of sources—parents, public health nurses and physicians. To effectively provide access, services are provided in the home or a convenient community location for the family from five satellite centres–Oakbank, Beausejour, Whitemouth, Lac du Bonnet and Hollow Water. The 1st P.L.A.C.E program has been actively involved in the pre-school wellness/health fairs across the region which has resulted in the numbers of children requiring services far exceeding the projections.

Wait lists for service exist as the needs of children are addressed. Should the number of children with identified speech and language disorders continue to increase, methods of maintaining the current level of service will be explored.

Immunization Programs

The Public Health program is responsible for the regional immunization programs. Influenza immunization is offered each year across the region at community sites, within facilities for staff and residents and through physician clinics. One of the goals of the program was to improve the immunization rates among health care providers. This year saw an increase of 50% participation on the staff influenza program. The overall program saw an increase of approximately 44% over last year. A total of 4206 influenza immunizations were given.

Pneumococcal immunization was also made available for the first time to residents of the region over 65. In community sites, a total of 674 pneumococcal immunizations were given.

The Manitoba Immunization Monitoring System (MIMS) was expanded to include data related to adult immunization from this year and the previous five years. Immunizations were collected from physician billing records. Hospitals and Personal Care Homes are now forwarding their immunization records to the Public health program for inputting to MIMS. This improves the accuracy of the surveillance system.

Public health nursing statistical data reveal 4354 contacts this year—most contacts are in person, in the home or community. The data also indicates that the 0-4 age group are recipients of Public Health Nursing service most often with the 30-39 year age group seen with the next level of frequency. The regional audiology service is located in Beausejour.

The audiologist has been very involved this past year in preschool wellness days and health fairs across the region.

3.1.3 Mental Health

The Mental Health Program provides comprehensive assessment, consultation, counseling and rehabilitation/treatment services, to the residents of North Eastman.
The target groups served in the region include children and adolescents with mental health problems, adults with acute psychiatric care needs, adults with severe and persistent mental illness and older adults with mental health problems.

The purpose of the Mental Health Program is to ensure those who experience a mental illness receive the care, services and supports they need to live their lives with the greatest independence and health possible in the community.

The goals of the Mental Health Program are to effectively provide a service that conducts comprehensive assessments, case formulations and plans, provide an array of services including consultation, treatment/rehabilitation, crisis intervention and community education, that is responsive to the target population and consistent with the service priority, and provide an effective service that assists the client to link with and utilize service and other resources most needed to effectively solve problems and maintain optimum functioning.

The Mental Health Program has implemented a Suicide Prevention/ Early Intervention Program in response to the high level of suicide in the region. A regional Steering Committee has been formed that is comprised of mental health workers and other service sectors including education, child and family services, public health, clergy and the police. Activities for the past year include:

a) Education/awareness session to teachers and students (peer helpers), from Springfield Collegiate in Oakbank,
b) A mental health worker received training to become a trainer, for the Applied Suicide Intervention Skills Training (ASIST) Program, and
c) Forty-six individuals received the ASIST Program from across the region. The participants were from across the region, and were from a variety of disciplines such as public health, mental health, clergy, RCMP, recreation, Child and Family Services, Services to Seniors, teachers, Crisis Services, Self-Help, Municipal Constables.

Two more workshops will be offered in the coming year. The first workshop will target students and teachers from two areas of the region.

The region was successful in recruiting the services of a Child Adolescent Psychiatrist. A contract was developed with the Manitoba Adolescent Treatment Centre for consultation to the Child Adolescent Mental Health Team.

Community Trauma Postvention is a program developed to assist communities in coping with the impact of traumatic events. A North Eastman team has been developed, led by two

experienced mental health workers. Community Trauma Postvention Training was delivered to 28 individuals in the region. The participants were from across the region from a variety of disciplines. From this pool a team is being formed.

A mental health worker, certified to provide non-violent crisis intervention training, has held a number of workshops targeting personal care home staff as well as staff of the Home Care Program. Training is provided to staff from across the region.

Collaborative planning is occurring at regular mental health program meetings with Self - Help and Wellness Facilitators, the focus being on prevention / awareness. During Mental Health Awareness Week, a week-long program was held at the Pine Falls Health Complex with the focus of stress awareness and prevention techniques. This also was a kick-off of a pilot project of having the Self-Help Outreach Workers being available once per week in the community. Should this prove to be successful, the project will be replicated in other communities.

Mental health workers have seen over 930 new clients in the fiscal year 2000/2001.

3.1.4 Home Care

The Home Care Program in North Eastman strives to meet the Provincial Standards by continuing to offer accessible, timely assessment and service to eligible clients. The program facilitates the ability of individuals to remain independent in their own homes while supporting families to remain actively involved in the plan of care. In the short term, Home Care facilitates hospital discharge and allows individuals requiring palliative care to remain in their own homes. In the long term, Home Care services assist individuals to remain in their own homes for as long as is safely possible as an alternative to placement in a facility.

The professional assessment, that is multi disciplinary in nature, determines eligibility for Home Care services, Supportive Housing, Adult Day Care, Respite Care and Personal Care Home Placement. Direct Services which include nursing, personal care, therapy, meal preparation and essential household maintenance as well as available community resources and family resources are considered in the care planning, case management and coordination of services for the clients. The Home Care Program partners with the Services to Seniors program to assist with resources to maintain the client independently in the community.

Over the past year, the program experienced considerable growth in volumes of service and in the complexity of care needs until approximately the last quarter when waiting lists for Personal Care Homes were reduced allowing clients to be placed. However, we anticipate this decrease in volume and numbers of clients served to be only temporary as the desire for clients to remain independent in the community continues to exist. North Eastman continues to look to Manitoba Health to support these needs to reduce occupancy in the acute care setting and delay placement and prevent extensive waiting lists to a long term

care facility. In North Eastman the Home Care Program provides the direct service to clients of the Supportive Housing unit which has been beneficial in the continuity of care.

It is of interest to note that of all Home Care discharges in the past year, 33% of clients experienced an improvement in health status, 20% were admitted to a personal care home, 25% were supported through the final stage of life and 7% were admitted to hospital. In the past year the opening of new personal care homes in Oakbank, Winnipeg and the Interlake region accommodated elderly persons who had been on the waiting list for an extended period of time. In 1999/2000 less than 1% of elderly persons on the home care program were able to find a bed in a personal care home.

Recruitment and retention will continue to be our main challenge. The ability to provide a training program to untrained workers will be integral in the retention process and consequently in our ability to meet client needs in a timely fashion. Recruitment continues to be most successful through personal contact and local posters in the main shopping areas. There has also been a notable reduction in the number of applications received by the Resource Coordinators. The program has plans to meet some of these needs through the position of Resource Developer. However, increased funding required is not currently available. In the meantime we continue to work in collaboration with other resources to provide additional education. Through the Recruitment and Retention Nursing Initiative home care coordinators have been able to avail themselves of educational opportunities and educational materials which previously were not available to them.

Following the Accreditation process, Home Care is reviewing their quality initiatives and CCHSA recommendations. A process is in development to ensure an annual review of care and service plans. The Home Care Team has developed a Client Satisfaction Survey. Collaboration with acute and long term care has occurred to improve discharge planning from respite care and the acute care setting.

The importance of communication with clients/families, physicians, other professionals, facilities and resources remains a priority with the Home Care staff to promote continuity of care and service delivery, that meets the clients/families' needs. Communication of services, resources and health promotion has been developed in the form of a newsletter with distribution to clients, families and staff at one of the sites. This newsletter has been well received by the community.

The Palliative Care program continues to expand its presence in the acute and long term care facilities as well as the community. A central access point for referrals and consults occurs through the Palliative Care coordinator. The coordinator conducts individual assessments with the focus on pain and symptom management, consultation and psychosocial support to the client/family in collaboration with a multi disciplinary approach to ensure holistic care to the client. Designated beds in the acute care sector are being developed to aid in the comfort and care of the client/family.

Education has been key to the Palliative Care program. North Eastman Health Association was the Manitoba representative for the Canadian Palliative Care Association's "Support Workers in Palliative Care" course and implemented this course in all communities and two First Nations groups. Volunteer training sessions, community workshops on complimentary

therapies, establishment of a resource library, and professional education have all been components of the education program. NEHA has hired a Volunteer coordinator for the region to liaise with volunteer groups to provide continuity of service, companion volunteers and to provide the components of the Bereavement program, i.e., telephone support, sympathy cards, and Christmas memory evenings.

3.2 Emergency Medical Services

Emergency Medical Services (EMS) is an integrated part of the health care system in our Region that is regulated by Province of Manitoba Ambulance Services Act. EMS provides emergency and non-emergency medical transport in the pre-hospital and hospital settings in North Eastman Region and provides patient care at both an Advanced Life Support and Basic Life Support levels with Basic First Aid, Emergency Medical Responder and Emergency Medical Technician level trained staff. EMS also operates an Interfacility Patient Transportation Service out of the Beausejour site.

North Eastman Region Emergency Medical Services (EMS) is comprised of eight services throughout the region. Six ambulance services have devolved to the Regional Health Authority, specifically, Beausejour, Lac du Bonnet, Pinawa, Springfield, Whitemouth, and Reynolds. Two services are presently non-devolved, specifically, Pine Falls and Bissett. Within the NEHA ambulance service there are 125 ambulance attendants of which four are employed full time.

Call volumes have remained fairly constant with only a slight increase over the previous year. Data has been recorded on a calendar year basis.

Service	1999	2000
Beausejour	715	813
Lac du Bonnet	150	198
Pinawa	180	186
Pine Falls	933	899
Reynolds	69	52
Springfield	197	196
Whitemouth	89	87
Bissett	103	44
TOTAL	**2436**	**2475**

There are 11 ambulances strategically located throughout the region. Beausejour, Springfield, and Pine Falls operate two units while Lac du Bonnet, Pinawa, Reynolds, Bissett and Whitemouth each operate one unit.

During the fiscal year a number of initiatives were undertaken including:

- An on call stipend for all regional EMS staff was introduced as part of a recruitment and retention strategy. This has proved successful as it has minimized down time at all NEHA EMS sites.

- The implementation of the E-911 system in Beausejour and the Rural Municipality of Brokenhead. The entire radio communications system was upgraded with a pager network to accept dispatch calls from the Brandon E-911 Communications Centre.

- The transfer of Springfield Ambulance to North Eastman Health Association occurred.

- Dr. Bruce Kowaluk accepted the position of Medical Director – EMS.

- Fleet Vehicles Agency agreement to manage all NEHA Ambulances was developed. This arrangement ensured all vehicles in the fleet are maintained according to rigid specifications established by Fleet Vehicles Agency. This Preventative Maintenance Program ensures all vehicles are safe and reliable.

- North Eastman Health Association Inc. in collaboration with the Rural Municipality of Springfield introduced a Handi-Van Paratransit Service in the RM of Springfield. Normal business hours are from Monday to Friday 0730 to 1730. The vehicle may be booked outside of normal business hours based on the availability of the vehicle.

3.3 Acute Care

The Acute Care Program includes all hospital based patient care. Facilities providing acute care within the Region include Pinawa Hospital, Beausejour Health Centre, and Pine Falls Health Complex. A great deal of time and effort has been devoted to maintaining staffed facilities for acute care services, including the dialysis program. During this year we have experienced significant pressures due to nursing staffing shortages and have explored many options to continue to provide safe care, including the expanded role of the Licensed Practical Nurse. Many LPNs have received education and training for establishment of Intravenous Therapy and Emergency Room Triage Assessments.

In April 2000, the new 5-level Triage System was implemented throughout the region, and provincially. There was significant training implications for the nursing staff to ensure a smooth transition during the implementation phase.

Access to Rehabilitation Services within the region continues to be a challenge. We have successfully implemented a new position at Pine Falls Health Complex. A Rehabilitation Assistant 0.6 EFT has been hired and is working under the direction of the itinerant Occupational Therapist and Physiotherapist. The primary focus of the expanded program is to provide rehabilitation services for the inpatients and residents of the Complex.

We are particularly proud of our new acute care facility, Beausejour Health Centre. The new facility replaces the aging Beausejour Hospital. Occupancy occurred during January

2001 and the transition to the new facility went smoothly, which is to the credit of the planning team of staff. Beausejour Health Centre boasts 30 acute care beds, operating room and recovery room, 2-bed observation unit, and an emergency room. All furnishings and much of the equipment was also replaced as part of the capital project.

Enhancements to the Dialysis program this year include additional funding for a social worker (3.7 hrs/week) and a Clinical Dietitian (3.7 hrs/week). The Reverse Osmosis Water System was also replaced.

Replacement of aging medical equipment for this year included:

Pinawa Hospital

- IV infusion pumps,
- Health records filing system,
- 4 electronically controlled beds,
- a new bathing system with electronic lift, and
- a stretcher for the emergency department.

Pine Falls Health Complex

- New furniture for the patient/visitors lounge, and
- 4 electronically controlled beds.

These purchases were made possible through funding from a variety of sources such as NEHA Capital funds, Foundations, Donations, etc.

3.4 Diagnostic Services

Diagnostic services are offered to the residents to assist in the diagnosis, treatment and prevention of diseases. Qualified Medical Technologists and support staff provide the services in consultation with Physicians. Diagnostic services provided within the region include laboratory and x-ray services.

A new diagnostic service opened in Oakbank at the Kin Place Primary Health Care Centre. This service is available Monday to Friday in the mornings.

Funding was received this year for acquisition of new equipment. Beausejour District Hospital received a new radiology suite and coagulation analyzer as part of the capital project for the new facility. Pinawa and Oakbank laboratories received blood cell counters. A plan is in place to gradually replace the aging diagnostic equipment across the region.

There has been a steady increase in the volume of lab and x-ray services over recent years. During fiscal year 2000/01, there was an average 12% increase in overall volume of service provided including an increase in after hours call-back work. High workload continues to be a challenge for diagnostic staff.

Recruitment of diagnostic staff continues to be a challenge with the small number of new graduates unable to keep pace with the number of retirees. New educational programs within the province will begin to address this issue.

3.5 Long Term Care

The Long Term Care Program this year has focused on enhancing the profile of Seniors within the Region. The program includes a spectrum of senior's health services including meal program and other support services, adult day programs and personal care homes. In collaboration with Home Care, emphasis is placed on strengthening services in the community to assist frail seniors to live independently in their own homes. Within the personal care homes, efforts are focused on creating a home-like environment for each individual within a resident centered model of care.

Long Term Care Facilities – Personal Care Homes

The Recruitment of Nursing and Recreation staff is an ongoing challenge for all of the sites. The facilities provided Health Care Aide and Practical Nursing student experiences as part of the Red River College and Brandon University education requirements. This provides an opportunity for the sites to recruit new staff members as required.

The Region, in conjunction with the Nursing Recruitment and Retention fund committee, sponsored a one-day workshop featuring Moyra Jones, author of the book "*Gentlecare – Changing the Experience of Alzheimer's Disease in a Positive Way*". One of the many positive outcomes has been the mural painting on the corridor doors at Kin Place PCH, providing a gentle redirection for residents with dementia.

Manitoba Health spent a day at each of the Long Term Care facilities in review of the Manitoba Health standards. Standards reviews will be an ongoing process across the province. Manitoba Health has been very complimentary towards North Eastman facilities and has recognized the North Eastman Health Association as providing leadership in Long Term Care for the province.

The opening of the Kin Place Personal Care Home with 40 additional Personal Care Home beds in early September was a highlight to the year 2000. All staff involved worked hard at transforming the new facility into a home like environment with all the personal touches for the 40 residents who were moving into the facility for the first time and calling it home. The PCH was fully occupied by the third week of October, 2000. Many residents and their families have played an integral part in determining the interior landscape of the facility and participated in the development of programs and routines. A vibrant enthusiastic group of volunteers of a variety of ages have been coordinated with the expertise of a volunteer coordinator to enhance many of the program aspects. A Sneak Preview Fund Raising Dinner Social in late August included many of the community members and associated merchants and distributors for an enjoyable evening of excellent food and entertainment.

The proceeds of this event contributed to the community contribution to the capital construction project.

At Sunnywood Manor in Pine Falls, a capital construction program has been completed which included creating a resident smoking room with appropriate visibility and safety features, and the redesigning of the clean linen and soiled utility rooms. In addition, efforts of enhancing the home-like environment include new drapery, bedspreads, furnishings, and the purchase of a large screen television.

The staff of the Lac du Bonnet PCH in conjunction with the Lac du Bonnet District Foundation have begun development of beautiful memorial gardens at the front entrance to the PCH. A capital project including installation of a new bathing suite was completed.

Enhancements to care at the Whitemouth District Health Centre include expansion of the recreation program for residents with new programming including an animal visiting program. Capital projects completed include a new bathing suite with a height adjustable, recumbent tub and the addition of key pad coded doors to improve the safety of the building for residents who are at risk to wander outside the facility. As a result of funding received from the Legion and Manitoba Hydro, the floral gardens and sitting area in the front courtyard of the facility have been enhanced. The facility has, on an interim basis provided six additional beds to Long Term Care for clients awaiting Personal Care Home placement.

The staff at East-Gate Lodge have been working towards adopting the Gentle Care philosophy and designing the environment and programming to best meet the needs of the Residents.

Adult Day Program

The Adult Day Program is a resource which supports independent community living. The goals are to provide opportunities for mental and physical activity, stimulation of memory, relationship building and nutrition for frail elderly individuals living in the community. To augment the existing Regional Adult Day Programs at East-Gate Lodge, Lac du Bonnet Health Centre, Bonne Vista Lodge and Pine Falls, the Region implemented new programs at River Bend Manor in Whitemouth, the Senior Scene in Victoria Beach, and Kin Place PCH in Oakbank. All programs have very active participation and very innovative programming to meet the needs of the individual clients. As well, the Adult Day Program team is developing regional program policies and guidelines as well as standardizing forms for recording. A Regional pamphlet has been developed to advertise the program.

Services to Seniors

Support Services to Seniors is a program aimed at supporting seniors in their efforts at maintaining their independent community living status. The components consist of Community Resource Councils and Congregate Meal Programs. At a Regional level the Community Resource Councils of Springfield, East Beaches (Victoria Beach), Winnipeg River (Pine Falls), Two Rivers (Whitemouth, Lac du Bonnet, Pinawa) have experienced a significant increase in the number of clients served during this past year. The utilization of congregate meal programs in the communities of Oakbank, Dugald, Anola, Cooks Creek,

Powerview, and St. George has remained very active. The position of Regional Support Services to Seniors Coordinator / Specialist was increased to a full time position to enhance the consultation and guidance in program development and management.

The Services to Seniors Volunteer Board of Directors have taken part in a board development workshop that focused on networking and identification of future development needs. The Board Chairs and Community Resource Coordinators are meeting on a regular basis to coordinate planning and initiative. There have been several health fairs facilitated across the Region that have been highly successful. Support groups and exercise programs have also been implemented in several communities.

3.6 Support Services

In June 2000, the management structure of the Support Services was reorganized into the following distinct services having regional focus:

- Finance & Accounting
- Food Service
- Housekeeping & Laundry
- Physical Plant
- Information Systems

For each service a manager or supervisor is responsible for development and implementation of regional policies, procedures, programs and services.

Finance & Accounting

Reporting to the Financial Service Manager, Business Office Supervisors are responsible for monitoring and directing the accounting and clerical staff over multi-sites. Regional job descriptions have been developed and educational sessions on financial statements were conducted for managers. Through collaboration with Food, Laundry and Housekeeping Services, Managers standardized ledger accounts were implemented.

Food Service

Under the guidance of a Support Service Manager and a professional registered dietitian, standardized recipes, meal tickets, catering menu and price list, cafeteria prices and standardized diet terminology/diet cards were implemented across the region. Standardized job descriptions, quality indicators, and a regional food service orientation package were established. Courses in leadership training, mandatory Food Handlers' Certification were provided.

Housekeeping & Laundry

During the past year, through the direction of a Support Service Manager, a regional Housekeeping Policy & Procedure Manual, orientation package, WHMIS training package and regional position descriptions were developed. Inservice sessions were also held at all seven sites.

Physical Plant

Recognizing the complexity of maintenance and physical plant activities required by the facilities and offices, the Region is managed by two Physical Plant Managers. Each of whom is responsible for three to four facilities and some satellite public health offices. During the past year, the Region was able to realize significant savings through reassigning equipment and furnishings, and sharing of technical knowledge and experience. In addition to participating in the monitoring of the construction projects in Oakbank and Beausejour, there were several other projects undertaken such as the renovations to the public health offices in Seymourville & Bissett, the roof replacement at the Lac Du Bonnet Personal Care Home, and several safety and security and functional improvement initiatives.

Information Systems

Based on the Drug Program Information Network (DPIN) platform, managed by the Provincial Data Network, North Eastman Health Association is now fully connected through Wide Area Network (WAN) and Local Area Network (LAN) for internet access, e-mail, accounting and resident management program, and business office application. To enhance communication, a web-site, administered by the corporate staff, was also developed. Services provided by the IT staff also include, a help and support line and educational sessions.

3.7 Human Resources

This past year, staffing shortages and recruitment difficulties created an environment in which extra effort, creativity and dedication were all required. Our staff responded to the increased demands and pressures as true professionals, with commitment and dedication. We continued to explore alternative and creative recruitment and staffing approaches recognizing the current situation while incorporating a view of our future. We continued our partnership with Assiniboine Community College and were successful in having our region selected as one of two rural campuses for the Practical Nursing program. We also continue to support the Health Care Aide programs offered in our region and the resulting student practicums.

In the coming year we will continue our recruitment and retention initiatives with emphasis on improving quality of work life, educational opportunities and recognition of our staffs contributions and efforts. We will be conducting our first staff satisfaction survey which will help identify areas of improvement as well as our strengths. The implementation of our employee service recognition program will occur later this year. We also anticipate approval and implementation of an Employee Assistance Program (EAP) for all health care employees on a province wide basis. In the future, we will work towards centralizing and consolidating our payrolls for the region, and also establishing a human resources information system, which will enhance and support organizational efficiencies.

3.8 Quality Program

North Eastman Health Association consistently strives to be a high performing organization. We strongly believe in the concept of continuous quality improvement and are committed to

enhancing our path towards excellence in our care and service delivery. It involves the Board of Directors, Management, Staff and Volunteers in the continuous improvement of work processes with a focus on improved outcomes and measurement. The goal of the NEHA Quality Program is to have everyone in the organization embrace 'quality' and have it permeate every facet of our work. During the past year we have designed and developed the Program to ensure that it aligns with our strategic priorities, links processes and measurement to strategies, and builds upon our values and principles. Essential to the success of this program is committed staff, leadership throughout the organization, education and long term commitment.

Our 2000 Accreditation Survey as a region was very positive and rewarding. It provided a multitude of opportunities to grow as a health system and to further develop our team approach to care and service delivery. We are pleased to have received the three-year Accreditation status and the confirmation that the quality of care provided by North Eastman Health Association meets national standards of excellence. The process of working together has always been an expectation of our work and the Accreditation process reinforced this. The Quality Program provides opportunities to build upon the Accreditation experience, recognizing our strengths and working on opportunities for improvement that will lead us further towards a fully integrated approach to care and service delivery.

An integral part of the Quality Program is Risk Management. We are confident that through a comprehensive Risk Management Program, we are providing services in a safe environment that not only minimizes the probability of adverse outcomes but also significantly increases the likelihood of desired outcomes. This is an ongoing initiative and work in progress that we will be continuing to focus upon.

We look forward to continuing our quest for Quality through the strengthening of our team-based infrastructure. In 2001/2002 we will move further along our quality journey through our commitment to ongoing education, and an approach that firmly establishes continuous improvement as an organizational way of life.

3.9 Volunteers

The Board of Directors and Management of the North Eastman Health Association, acknowledge and support the vital role of volunteers in achieving the organization's mission. Volunteers are an important human resource to the association. Individuals come together to make a positive change in our communities. They bring a passion for a cause, a commitment to the purpose and are motivated by their choice of involvement. Year 2001 is the International Year of the Volunteer. For this reason, it seemed very appropriate for a group of staff and volunteers to come together as a committee to develop a formalized volunteer program. This volunteer program is based on The Canadian Code for Volunteer Involvement that includes a framework consisting of organizational standards for volunteer involvement. By adopting the Code, the North Eastman Health Association makes a public statement about the importance of volunteers and the necessity to manage this important resource effectively. The development of volunteer program will continue over the upcoming year.

A new and very vibrant volunteer program was established in the Kin Place Personal Care Home, Oakbank. There are many dedicated volunteers who have been orientated and trained in various functions. There was also the beginning of a Men's group concept that sparked similar interest in other Personal Care Homes throughout the Region. Whitemouth District Health Centre, Lac du Bonnet PCH and Kin Place have also developed a school student volunteer program that enhances intergenerational contact and for the students enhanced sensitivity to seniors population.

North Eastman Health Association celebrated the contributions of volunteers who donated their time and talents to our Personal Care Homes, Hospitals, Community Programs, Palliative Care Programs, Meals on Wheels, Spiritual Care, Health Auxiliaries and Support Services to Seniors Programs by hosting a coffee and treats week in seven communities. Each Volunteer was presented with a pen monogrammed with North Eastman Health Association Inc. and 2001 International Year of the Volunteers individually packaged in a gift box with a thank you note from the organization.

I Volunteer ...

"because I like to volunteer and cheer up people. It fills my heart to see smiles on the different faces when I visit and serve them."

"because when I volunteer, I often feel I receive more than I give."

"because I love people and because one day I know I will also be there."

"for the pleasure and smiles on the residents faces."

I Volunteer ...

"because it makes a real difference in life to go and do good for those who are unable to."

"because I learn something every time I help out and this helps me to grow. It is wonderful to be able to help others in the community."

3.10 District Health Advisory Council

The District Health Advisory Council (DHAC) is intended to be the focal point for community participation, access to the North Eastman Health Association Inc. and the health services planning process. The DHAC strive to evoke and bring into focus the community's strengths, interests and capacity for improved population health.

The North Eastman Health Association Board of Directors extends sincerest thanks to the members of the District Health Advisory Council for their dedication, time and effort to the organization.

Richard Howard, Chair – *Seddon's Corner*
Rita Bell, Vice Chair – *Whitemouth*
Diane Kelly, Secretary – *Whiteshell*
Gerrit Boonstra – *Garson*
Dorothy Dugray – *Tyndall*
Marlene Farrell – *Victoria Beach*
Karl Gugenheimer – *Great Falls*
Shirley Lavallee – *Pine Falls*
Anne Percy – *Dugald*
Elsie Senkow – *Hadashville*
Klaus Spitz – *Pinawa*
Andy Totin – *Bissett*
Vivian Weger – *Tyndall*
Irene Young - *Dugald*

Missing from Photo: Andy Totin, Bissett

4. AUDITED FINANCIAL STATEMENTS

Audited Financial Statements

I wish to acknowledge the fine work of Mr. Raymond Pang, Vice President Support Services and Chief Financial Officer, who has worked diligently with the Finance staff to prepare these financial statements.

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AUDITORS' REPORT

To the Directors of
North Eastman Health Association Inc.

We have audited the statement of financial position of North Eastman Health Association Inc. as at March 31, 2001 and the statements of operations, changes in net assets and cash flows for the year then ended. These financial statements are the responsibility of the Association's management. Our responsibility is to express an opinion on these financial statements based on our audit.

We conducted our audit in accordance with Canadian generally accepted auditing standards. Those standards require that we plan and perform an audit to obtain reasonable assurance whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation.

In our opinion, these financial statements present fairly, in all material respects, the financial position of the Association as at March 31, 2001 and the results of its operations and its cash flows for the year then ended in accordance with Canadian generally accepted accounting principles.

Deloitte & Touche LLP

Chartered Accountants

Winnipeg, Manitoba
June 8, 2001

Statement of Financial Position

NORTH EASTMAN HEALTH ASSOCIATION, INC.
Statement of Financial Position
March 31, 2001

	2001	2000
ASSETS		
CURRENT ASSETS		
Cash and term deposits	$ 2,077,649	$ 3,441,791
Accounts receivable (Note 3)	2,151,181	1,062,616
Inventories	356,982	293,061
Prepaid expenses	15,040	35,348
	4,600,852	4,832,816
Deferred charges	2,293,462	1,194,471
Capital assets (Note 4)	33,242,392	23,018,327
	$ 40,136,706	$ 29,045,614
LIABILITIES		
CURRENT LIABILITIES		
Accounts payable	$ 1,088,181	$ 1,129,401
Accrued liabilities	3,007,516	1,747,331
Current portion of long term debt (Note 5)	1,421,406	1,034,177
	5,517,103	3,910,909
LONG TERM DEBT (Note 5)	22,589,012	13,785,039
	28,106,115	17,695,948
DEFERRED CONTRIBUTIONS (Note 6)		
Expenses of future periods	669,463	522,938
Capital assets	8,085,773	7,169,521
	8,755,236	7,692,459
Commitments and contingencies (Note 8)		
NET ASSETS		
Invested in capital assets (Note 7)	1,176,892	2,016,840
Externally restricted	507,707	597,603
Unrestricted	1,590,756	1,042,764
	3,275,355	3,657,207
	$ 40,136,706	$ 29,045,614

APPROVED BY THE BOARD:

..... Director

..... Director

Statement of Operations

NORTH EASTMAN HEALTH ASSOCIATION INC.
Statement of Operations
Year Ended March 31, 2001

	2001	2000
REVENUE		
Manitoba Health Income	$ 24,205,707	$ 20,772,971
Non-insured income	2,167,679	1,856,709
Offset income	896,355	868,895
Amortization of deferred contributions	1,020,427	1,072,944
Year 2000 income	-	923,919
Ancillary income	234,111	262,900
	28,524,279	25,758,338
EXPENSES		
Acute Care - Institutional based	6,680,658	6,587,570
Long Term Care - Institutional based	8,194,534	6,902,366
Long Term Care - Home based	4,039,410	3,668,964
Health Promotion/Prevention and Primary Care	3,217,581	2,705,302
Regional Health Authority	1,537,764	1,137,803
Lab and Imaging Services	1,191,842	911,026
Northern Patient Transportation Program	142,150	68,339
Land Ambulance Program	671,124	518,421
Dialysis	193,555	177,663
Medical remuneration	1,364,756	1,080,350
Interest	943,514	494,668
Depreciation	1,043,475	1,071,344
Year 2000 expenditure	-	923,919
Ancillary operations operating expenses	205,879	220,430
Ancillary operating depreciation	51,264	42,311
	29,477,506	26,510,476
DEFICIENCY OF REVENUE OVER EXPENSES BEFORE INTEREST AND OTHER	(953,227)	(752,138)
Interest income	122,842	133,441
DEFICIENCY OF REVENUE OVER EXPENSES BEFORE THE FOLLOWING	(830,385)	(618,697)
Manitoba Health funding - deficits	784,305	303,733
DEFICIENCY OF REVENUE OVER EXPENSES	$ (46,080)	$ (314,964)

Note: This financial information was extracted from the Annual Financial Statements reported on by Deloitte & Touche in the Audit Report dated June 8th, 2001. A complete set of Financial Statements and Auditor's Report may be obtained from the Health Authority. Also, information related to the Compensation Disclosure Act may be obtained directly from the Health Authority.